Alissa Kate CMT Massage Intake Form

Name	_____	Phone (day)	_____	Preferred Pronouns	_____
Address	_____	City/State/Zip	_____	DOB	_____
Occupation	_____	Employer	_____		
Email	_____	Primary Physician	_____		
Emergency Contact	_____	Relationship	_____	Phone	_____

Health Information

Are you taking any medications? □ yes □ no

If yes, please list name and use:
_____

_____

_____

Are you currently pregnant? □ yes □ no

If yes, how many weeks? _____

Any high risk factors? □ yes □ no

Please explain:
_____

_____

_____

Are you currently postpartum? If so, how many weeks? Was your birth vaginal or cesarean?

_____

Do you suffer from chronic pain? □ yes □ no

If yes, please explain:
_____

What makes it better?
_____

What makes it worse?
_____

Have you had any orthopedic injuries? □ yes □ no

If yes, please explain:
_____

_____

Please indicate any of the following that apply to you.

□ Cancer □ Headaches/Migraines □ Arthritis

□ Diabetes □ Joint Replacement(s) □ Neuropathy

□ High/Low Blood Pressure □ Fibromyalgia □ Stroke

□ Heart Attack □ Kidney Dysfunction □ Blood Clots

□ Numbness □ Sprains or Strains

Explain any conditions you have marked above:

_____

_____

Massage Information

Have you ever had a professional massage? □ yes □ no

When? _____

Do you have any music preferences?

□ Yes ☒ No

Comments: _____

_____

What pressure do you prefer? □ Light □ Medium □ Deep

Do you have any allergies or sensitivities □ yes □ no to lotion ingredients or scents?

Please explain _____

Please identify any areas of discomfort (areas or parts of your body)
_____

What are your goals for this treatment session?

_____

_____

_____

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform my Massage Therapist if any of the above information changes at any time.

I understand that I must give my therapist 24 notice of cancellation or full payment may be rendered.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

How did you hear about me? _____

All services rendered are through Alissa Kate Moore CMT. Alissa Kate Moore CMT is neither employed or contracted by Village Birth.